

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Greenlee</u>	BUREAU OF VITAL STATISTICS		
District of <u>Franklin</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Franklin</u>	State Index No. <u>220</u>		
or	Co. Registrar No. <u>61</u>		
City of _____	Local Registrar No. _____		
No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Angel Serna</u>			
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth <u>1</u>		7. Date of birth <u>April 1914</u> 19 <u>23</u> (Month, day, year)	
8. Full name <u>Pablo Serna</u>		14. Full maiden name <u>Ramona Biana</u>	
9. Residence <u>Franklin Ariz</u>		15. Residence <u>Franklin Ariz</u>	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place) <u>Ariz</u>		18. Birthplace (city or place) <u>Ariz</u>	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:30 A.M.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>[Signature]</u>		Address <u>[Address]</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>5/8</u> , 19 <u>23</u> <u>[Signature]</u> Local Registrar	
Registrar. <u>421-419-921</u>		Filed <u>5/8</u> , 19 <u>23</u> <u>[Signature]</u> County Registrar	